



**Please return to:**

Noble Horizons  
17 Cobble Rd. Salisbury, CT 06068  
Phone: 860-435-9851  
Rae Etting- X133  
Lynn Famiglietti X132  
[www.noblehorizons.org](http://www.noblehorizons.org)

FOR ADMISSION OFFICE USE

Applicant

Last first middle

Date \_\_\_\_\_ Time \_\_\_\_\_

## Admission Application

Thank you for choosing Noble Horizons regarding your desire to become a future resident. After you complete and return this form your name will be placed on our waitlist for admission.

Please answer all questions and attach an additional sheet if necessary. If a question is not applicable, please write N/A in that space.

Receipt # \_\_\_\_\_

The information presented in this application is correct to the best of my knowledge. I have no objection to inquiries for the purpose of verification. In understand that misinformation or failure to report changes in information shall constitute grounds for the rejection of my application.

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

**Personal Information**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_

Social Security # \_\_\_\_\_

Married ☐ Single ☐ Widowed ☐ Divorced ☐

Spouses name \_\_\_\_\_

Spouses address \_\_\_\_\_

**Family information**

Your fathers full name \_\_\_\_\_ your mothers full name \_\_\_\_\_

Your children: (list A-F) your mother's maiden name \_\_\_\_\_

A. Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

B. Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

C. Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

D. Name\_\_\_\_\_

Mailing Address\_\_\_\_\_

Phone \_\_\_\_\_

Email\_\_\_\_\_

E. Name\_\_\_\_\_

Mailing Address\_\_\_\_\_

Phone \_\_\_\_\_

Email\_\_\_\_\_

F. Name\_\_\_\_\_

Mailing Address\_\_\_\_\_

Phone \_\_\_\_\_

Email\_\_\_\_\_

**In case of emergency, Notify:**

Name\_\_\_\_\_

Mailing Address\_\_\_\_\_

Phone \_\_\_\_\_

Email\_\_\_\_\_

Nearest close relative or trusted friend (other than those listed above)

Relationship \_\_\_\_\_

Name\_\_\_\_\_

Mailing Address\_\_\_\_\_

Phone \_\_\_\_\_

Email\_\_\_\_\_

### **Information about you**

With whom are you living now and for how long? Please include their relationship to you. \_\_\_\_\_

What is your education? \_\_\_\_\_

What is (was) your lifetime occupation? \_\_\_\_\_

What is the name of your last employer? \_\_\_\_\_

Are you fully retired? Yes ☐ No ☐      Semi-retired? Yes ☐ No ☐

Are you a veteran? Yes ☐ No ☐      Spouse of veteran? Yes ☐ No ☐

Branch of service \_\_\_\_\_ Rank \_\_\_\_\_

What are your present interests, activities and volunteer involvements? \_\_\_\_\_

Are you a member of a church, synagogue, or other religious body?

Yes ☐ No ☐ Active ☐ Inactive ☐

Religion \_\_\_\_\_ Local Place of Worship \_\_\_\_\_

Please designate a funeral home (required)

Funeral Home \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Who is your attorney?

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Does anyone hold:

☐ Power of Attorney      ☐ conservator of person      ☐ conservator of Estate

If yes, please fill out the following and provide copies with your application:

Name\_\_\_\_\_

Mailing Address\_\_\_\_\_

Phone \_\_\_\_\_

Email\_\_\_\_\_

Name\_\_\_\_\_

Mailing Address\_\_\_\_\_

Phone \_\_\_\_\_

Email\_\_\_\_\_

Do you have any of the following advance directives regarding healthcare?

☐ Health Care Agent      ☐ Eye, Organ, or Body Donations      ☐ Living Will

☐ Power of Attorney for Health Care

**Please enclose a copy of and advanced directives you do have with your application.**

Would you like information on the subject of Advance Directives?

☐Yes   ☐No

## **Confidential Financial Information**

### **About the Confidential Financial Statement**

Noble Horizons asks that you complete the following financial section of this application. Should you have questions or concerns, please contact the Director of Admissions. This statement must be updated at the time of Admission. Noble Horizons participates in the Medicare and Medicaid programs.

### **Assets:**

Checking \$ \_\_\_\_\_

Real Estate \$ \_\_\_\_\_

Savings \$ \_\_\_\_\_

Investments \$ \_\_\_\_\_

Stocks & Bonds \$ \_\_\_\_\_

Annuities \$ \_\_\_\_\_

**Total Assets \$** \_\_\_\_\_

### **Monthly income:**

Social Security \$ \_\_\_\_\_

Pensions & Retirement \$ \_\_\_\_\_

Investments \$ \_\_\_\_\_

Dividend \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

**Total monthly income \$** \_\_\_\_\_

Do you receive income or have any interest in a trust? ☐ Yes ☐ No

If yes, please describe and provide a copy of the trust instrument. \_\_\_\_\_

Do you have any real estate holdings? ☐ Yes ☐ No if yes, please describe and give the approximate value of your home. \_\_\_\_\_

Do you have Life use of any real estate, any ownership in full or in part of your lifetime, or the right to occupy property for your lifetime? ☐ Yes ☐ No if yes, please describe. \_\_\_\_\_

If any assets are jointly held, please give the name of joint owner and their relationship to you. \_\_\_\_\_

Has there been any disposition or transfer of assets within the past 60 months?

☐ Yes ☐ No if yes, please explain. \_\_\_\_\_

Are there any obligations against any of these assets? ☐ Yes ☐ No if yes, please explain. \_\_\_\_\_

Are any of these assets held in trust? ☐Yes ☐No if yes, please explain. \_\_\_\_\_

Trust Officers Name \_\_\_\_\_

Mailing Address\_\_\_\_\_

Phone \_\_\_\_\_

Email\_\_\_\_\_

Who will pay your bill? ☐Myself ☐Other if other, please provide the  
information below.

Name\_\_\_\_\_

Mailing Address\_\_\_\_\_

Phone \_\_\_\_\_

Email\_\_\_\_\_

### **Confidential Health History**

Please list dates and nature of major illnesses, hospital stays, operations or therapy treatments.

Dates

Description

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What medications do you presently use? Please list both prescription and non-prescription medications.

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been treated for mental illness, a nervous condition or psychosocial disorder? ☐Yes ☐No

If yes, where and when? \_\_\_\_\_

Can you care for yourself completely and without assistance? ☐Yes ☐No

Physician Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_

Medicare Part A (hospital) # \_\_\_\_\_ Effective Date \_\_\_\_\_

Medicare Part B (Medical) # \_\_\_\_\_ Effective Date \_\_\_\_\_

Medicare D (Prescription) # \_\_\_\_\_ Effective Date \_\_\_\_\_

Have you applied for CT Medicaid ☐Yes ☐No

Is your application: ☐approved ☐pending ☐denied

What is your CT Medicaid claim #? \_\_\_\_\_ Effective Date \_\_\_\_\_

Are you receiving NY Medicaid? ☐Yes ☐No

What other medical insurance do you have?

Company: \_\_\_\_\_ Policy #/ Group #: \_\_\_\_\_

Do you have long-term care insurance? ☐Yes ☐No

If yes, is partnership approved? ☐Yes ☐No

Company: \_\_\_\_\_ Policy #/ Group #: \_\_\_\_\_

**Please provide copies of all medical insurance cards and social security card with your application.**



**Privacy Information**

The information on this application remains confidential. You, your family and friends will receive mailings which include Noble Horizons publication and annual appeals unless you direct otherwise.

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Please contact:

Rae Etting, Director of Skilled Nursing Admissions, at 860-435-9851 ext 133 or by email [retting@churchhomes.org](mailto:retting@churchhomes.org) with any questions.

Lynn Famiglietti RN, Director of Wellness & Fitness & Independent Admissions, at 860-435-9851 ext 132 or by email [lfamiglietti@churchhomes.org](mailto:lfamiglietti@churchhomes.org) with any questions.

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Administrator \_\_\_\_\_ Date \_\_\_\_\_

Medical Director \_\_\_\_\_ Date \_\_\_\_\_